

Michael and Nancy Barris

Tuscola, TX

August 23, 2020

To Whom It May Concern;

My wife and I are writing on behalf of our son Scott Barris who is a resident at the Austin State Supportive Living Center. He has been living at the ASSLC for the past 15 months. Our son Scott is severely autistic and requires direct care and supervision. Since his admission one of us has made a 7 hour round trip every other week to visit him. During these visits, we perform some basic hygiene tasks such as shaving, nail trimming and extensive teeth brushing that he refuses to let ASSLC staff perform on a routine basis. We also reconnect and engage him by bringing him extra snacks and work puzzles with him. Since the COVID-19 lockdown at his facility, we have observed that his behaviors and ability to function have regressed significantly, especially in the past month. He has had a reversal of his sleep/wake cycle, is more agitated, and has had increased self-injurious incidents. We have attempted several Face Time calls with him but he does not engage well with the video chat due to his limited communication abilities. **Our son has already been diagnosed with COVID-19 via PCR testing and has had confirmed symptomatic and laboratory resolution. The developing research trend suggests that he has lasting immunity and is no longer a risk to other residents and staff.**

As more residents and staff become infected and recover, this will be an increasingly relevant issue. We have attached a proposed policy that would facilitate this activity. Off campus visits that have had documented COVID 19 recovery would pose a risk to other residents and staff that is minimal to non-existent. It has less risk than having staff that have been infected with COVID-19 and recover return to the campus on a daily basis following the current CDC and human resource policy guidelines. COVID-19 non-immune staff return to the campus daily with an even increased risk. **As reported by the CDC within the past week, "6 months after the emergence of SARS-CoV-2, there have been no confirmed cases of SARS-CoV-2 reinfection."**<sup>1</sup>

The current Phase 1 Guidelines for reopening long term care facilities are inadequate for the majority of residents at the State supported living centers. With over 1100 residents and staff, it will be hard to achieve 2 weeks without a positive case given the limitations of false positives with the current available tests. Our son and many individuals with developmental disabilities will have a difficult time understanding and being compliant with the no physical contact rule.

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

We are proposing a policy that would allow residents who have been already diagnosed with COVID -19 and recovered be allowed brief offsite visits with family members to aid in the family/resident reengagement process, allow family oversight, and facilitate communication with staff about any concerns related the resident's care.

**Proposed COVID-19 Immune (Documented COVID-19 infection Resolution) Resident Off Site Family Visit Procedure**

1. Residents who are candidates for off-site visits with family are identified and have been confirmed as meeting both the symptom and test based strategy for the **CDC Return to Work Criteria for HCP with SARS-CoV-2 Infection.**<sup>2</sup>
2. Residents are allowed off site visits per current policy and procedure for offsite visits with caretakers or guardians.
3. **Upon return to the campus, patients will be screened for readmission following the current Human Resources employee screening policy and procedure. Patients who fail the screening will be quarantined using the current SSLC resident admission guidelines.**
4. Residents are allowed to return on campus after the visit has been completed and will be screened for return to their residence following the current Human Resources employee screening process. Patients who fail the screening will be quarantined using the current SSLC admission guidelines.

We appreciate the opportunity to facilitate the process of reconnecting families with their loved ones during this difficult time. We can be reached via email [REDACTED] [REDACTED] for any questions or concerns related to the content and suggestions outlined in this letter.

Respectfully,

Michael Barris, M.D.

Nancy Barris, P.A., M.L.T.

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<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>